![Dallas-Fort Worth Hospital Council logo]

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The Future of **AI-based** Healthcare Analytics

PLUS

DFWHC's 75th Annual Awards Luncheon

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Other side of hospital consolidation

Steve Love
President/CEO
Dallas-Fort Worth
Hospital Council

ONE OF MY FAVORITE past radio commentators was **Paul Harvey**. He had a tradition of giving the other side of discussion topics, especially current items, by saying "and now you get the rest of the story."

Many articles are written about healthcare costs, medical debt, same-site neutrality, and pricing. Many articles cite hospitals as the main driver of escalating healthcare expenses as they are written by think tanks or business groups funded by outside donors. Healthcare costs account for 18.3 percent of the Gross Domestic Product (GDP), which we all agree is significant. Some, however, only focus on hospital costs as the driver of these high costs.

According to the **American Medical Association**, hospitals represent 31 percent of the total healthcare costs in the U.S. This is less than one-third of total healthcare costs. So, why are these think tanks and business coalitions ignoring 69% of healthcare expenditures in the articles they produce and distribute to state and federal legislators?

As for medical debt, hospitals never want to hurt people financially, and in numerous discussions with member hospitals, the consensus is most do not attach liens on homes, do not file bad reports with credit agencies, and have financial counselors to assist patients in navigating their payment plans. Hospitals diligently try to qualify people for Medicaid, CHIP, and other financial plans and write off charity and indigent care if the patient meets the required criteria. There may be some bad actors in other parts of the country regarding liens, garnishments, etc., but not in North Texas.

Another reason we have bad medical debt in North Texas and the entire state is that our state legislature has refused to pass Medicaid expansion since the inception of the Affordable Care Act. Medicaid expansion will not solve all the problems but would serve as another tool to help with medical coverage for approximately 1.5 million people.

One recent article cited a survey by Small Business for America's Future where business owners wanted price controls, and as employers, they were feeling the pain of increasing prices. Hospitals support price transparency and want to assist patients in understanding hospital charges. The reimbursement for hospitals, however, is a very complex financial calculation as different payers, networks, acuity level of the patient, deductibles, and coinsurance all factor into the final payment. Hospitals have supply inflation pressures, workforce expenses, and intense capital expenditure needs for the latest clinical technology.

One of the significant supply expenses is pharmaceutical costs. Due to acquisitions and vertical integration of this high-margin business, insurance companies now control approximately 85 percent of pharmacy benefit plans.

Levin and Associates, a research firm, stated that between 2013 and 2023, nine non-hospital healthcare giants (insurance companies and pharmacy benefit managers)

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Jane Pauley (l to r) and Cynthia Izaguirre

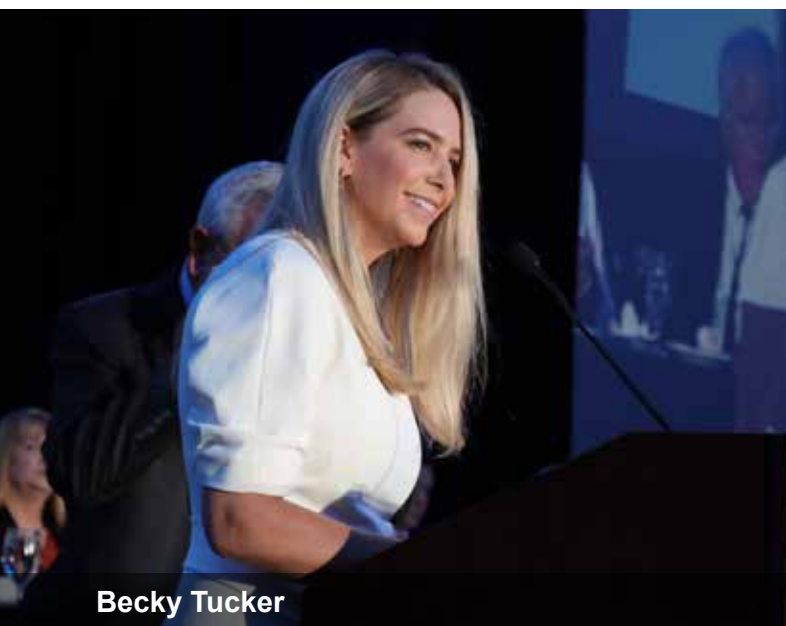**75th ANNUAL AWARDS LUNCHEON**

DALLAS-FORT WORTH HOSPITAL COUNCIL

October 27, 2023
Irving Convention Center

INSPIRED
Dedication

photos by Jerry McClure

Becky Tucker

Amanda Thrash

Mayor Jeff Williams

Michael and Phyllis Guyton

MORE THAN 700 ATTENDEES turned out for the DFW Hospital Council's (DFWHC) 75th Annual Awards Luncheon on Friday, October 27 at the Irving Convention Center.

With the theme of "Inspired Dedication," this year's event was highlighted by the appearance of **Jane Pauley**, anchor of the award-winning *CBS Sunday Morning*, as keynote speaker. Her presentation was moderated by **Cynthia Izaguirre**, news anchor at WFAA Ch. 8. They received a standing ovation following their presentation.

Former **Arlington Mayor Jeff Williams** was this year's Distinguished Health Service Award recipient, and he was accompanied by his wife Karen. The 2023 recipient of the Young Healthcare Executive of the Year award was **Amanda Thrash**, president of Texas Health Presbyterian Hospital Allen, who was accompanied by her husband Bucky. The Kerney Laday, Sr. Trustee of the Year honoree was **Michael Guyton** of the Texas Health Board of Trustees, who attended with his wife Phyllis.

Young Healthcare Executive of the Year nominees including **Ryan Gebhart** of Baylor Scott and White Health; **Lindsey Tyra** of Children's Health; and **Alexis Burnett** of Medical City Healthcare attended the luncheon to accept awards designating their honor.

Becky Tucker, chair of DFWHC and senior vice president of channel integration at Texas Health, served as Master of Ceremonies. DFWHC's Chair-Elect **Jessica O'Neal**, chief executive officer at Medical City Las Colinas, introduced the keynote speaker.

Jon Roth, chief executive officer at the Dallas County Medical Society, provided the opening invocation while **Kathryn Keaton**, program director at the Tarrant County Medical Society, closed the luncheon with the benediction.

Celena Rae, the in-arena host and singer for the Dallas Stars of the National Hockey League, performed the National Anthem to open the Luncheon.

"We always appreciate the attendance at our Annual Awards Luncheon," said **Stephen Love**, president/CEO of DFWHC. "It's a great way for our North Texas hospital executives to come together, network and to honor these important leaders of regional healthcare. It is always an honor to host them."

Top sponsors of the event were **Hall Render**, **FORVIS**, **Medical City Healthcare** and **Texas Health**.

For the official video played at the Luncheon detailing recent award recipients, please go to:
https://www.youtube.com/watch?v=tbpPcJo742I.

VIPs in attendance included **Irving Mayor Rick Stopfer**; **Amy Eskey** of the Texas Hospital Association; Kerney Laday, Sr.'s family **Kerney, Laday, Jr.**, **Karen Laday**, **Tony Laday**, **Marcia Laday**, **Collette Laday** and **Cary Love**; **David Pearson** of the American Hospital Association; **Keller Mayor Armin Mizani**; **Andy Stern**, former Distinguished Health Service Award recipient; and **Bob Ferguson**, former Kerney Laday, Sr. recipient. ∎

Ryan Gebhart (l to r), Lindsey Tyra, Alexis Burnett and Becky Tucker.

Celena Rae

Stephen Love (l to r), Bucky Thrash, Amanda Thrash, Cynthia Izaguirre, Michael Guyton and Phyllis Guyton.
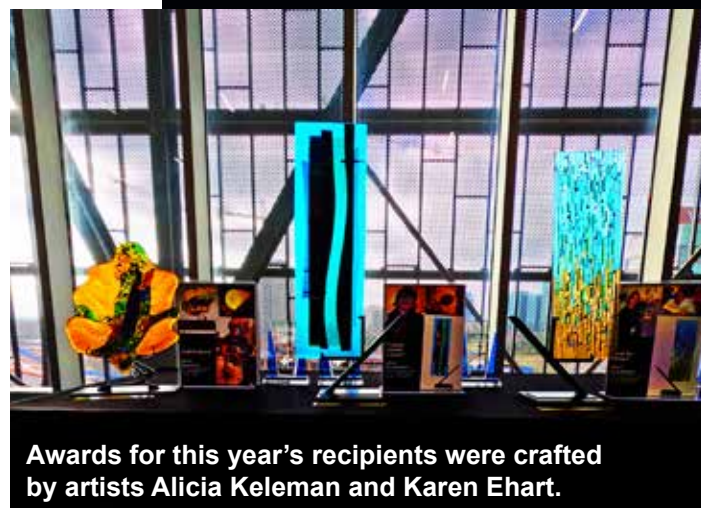
Awards for this year's recipients were crafted by artists Alicia Keleman and Karen Ehart.

75th ANNUAL AWARDS LUNCHEON

DALLAS-FORT WORTH HOSPITAL COUNCIL

October 27, 2023
Irving Convention Center

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for North Texas.

Michael Guyton

Amanda Thrash

Jeff Williams

Thank you, 2023 DFW Hospital Council award winners.

Texas Health is honored to congratulate Michael Guyton, Amanda Thrash and Jeff Williams for their outstanding leadership and contributions to health care in North Texas, as recognized by the DFW Hospital Council. Michael Guyton, Texas Health Board of Trustees, is the 2023 recipient of the Kerney Laday, Sr. Trustee of the Year Award. Amanda Thrash, president, Texas Health Presbyterian Hospital Allen, has been named 2023 Young Healthcare Executive of the Year. And, former Arlington Mayor Jeff Williams is the 2023 Distinguished Health Service Award recipient.

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FORVIS and DFWHC host "Medicare Reimbursement"

FORVIS AND THE DFW Hospital Council co-hosted the day-long educational event **"Medicare Reimbursement Updates & Opportunities"** on Thursday, October 19 at International Plaza #3 in Dallas.

More than 35 attendees turned out for the complimentary in-person session highlighted by national FORVIS healthcare leaders sharing knowledge on Medicare reimbursement topics affecting hospital reimbursement. Seven hours of CPE Credits were available.

Learning objectives included insights into Medicare policy changes affecting reimbursement; current Medicare regulatory and reimbursement trends; and best practices for preparing for regulatory and reimbursement changes.

Chris Clark, healthcare partner at FORVIS,

Chris Clark welcomes attendees to FORVIS event.

served as host of the event. Topics included Healthcare Industry Update; Telehealth Insights Post PHE; FFY 2024 Final Rule Update; GME Strategic Opportunities; Time Study Reimbursement Implications; 340B and Clinic Regulatory Updates; and Transmittal 18 Cost Report Changes.

For information, please contact **Austin Doucette**, southwest marketing manager at FORVIS, at **austin.doucette@forvis.com**. ∎

DFWHC participates in State of Reform's CEO Summit

WORKING WITH STATE OF REFORM, the DFW Hospital Council (DFWHC) co-hosted the **North Texas Health System CEO Summit** on September 21 at the Irving Convention Center. The invitation-only event attracted 100-plus attendees with speakers including D**r. Fred Cerise**, president/CEO of Parkland Health, and **Barclay Berdan**, CEO of Texas Health.

DFWHC President/CEO **Stephen Love** opened the event with an official welcome while moderating the panel discussions.

Headquartered in Washington, State of Reform is focused on bridging the gap between healthcare and the policy that governs it. They do this by engaging stakeholders in state healthcare including providers, health plans, lawmakers and providing a non-partisan space to discuss how to improve healthcare. ∎

Dr. Jay Shannon (l to r), Stephen Love and Carter Kimble at CEO Summit.

DFWHC joins forces with Mediktor to offer AI-based medical assistance

THE DALLAS-FORT WORTH HOSPITAL COUNCIL (DFWHC) and **Mediktor** are pleased to announce a partnership agreement effective October 1. The collaboration is expected to benefit North Texas hospitals with the opportunity to use Mediktor's Artificial Intelligence Triage, an accurate AI medical assistant which directs patients to the right level of care at the right time.

Founded in 2011, Mediktor is the most advanced AI-based medical chatbot for triage and pre-diagnosis that assists patients by improving access while enabling more efficient care navigation. Mediktor's AI can understand several symptoms simultaneously, which greatly reduces the assessment time and helps the outcome of the assessment to be much more accurate.

"We're thrilled by the opportunity to work with the DFWHC and the hospitals of North Texas," said **Vicenç Ferrer**, managing director of Mediktor's NYC headquarters. "Our mission is to direct users with

mediktor

ARTIFICIAL INTELLIGENCE TRIAGE

symptoms to the right place to get the medical care they need. Since our inception, we have been working on developing the most accurate AI-based virtual assistant available."

Mediktor is a leading company in the medical technology field with more than ten years of market experience and a presence in 28 countries. Mediktor has developed an artificial intelligence (AI)-based symptom checker for screening and pre-diagnosis, geared to be integrated into any interface. Visit www.mediktor.com for more information.

DFWHC and Mediktor co-hosted a webinar panel discussion on November 8 titled **"AI-Powered Care Navigation Assistant: A New Benefit for Healthcare and Patients."** You can view the webinar at **https://www.youtube.com/watch?v=74Hm9C4Z8SQ**. ∎

Fall educational webinars

AS AN EDUCATIONAL SERVICE to our members, the DFW Hospital Council co-hosts monthly webinars with Associate Members.

September 7, 2023
"Data Analytics: How Prosecutors Use Billing Data and Why"
– DFWHC/Polsinelli
Panel included **Adrienne Frazior** and **Erin Thimmesch** of Polsinelli.
https://www.youtube.com/watch?v=sZvWo01EgGA

November 8, 2023
"AI-Powered Care Navigation Assistant: A New Benefit for Healthcare and Patients"
– DFWHC/Mediktor
Panel included **Dr. Ronald Pope, Dr. Arnold DoRosario** and **Fred Pineiro**.
ttps://www.youtube.com/watch?v=74Hm9C4Z8SQ

November 9, 2023
"Market Perspective: Pursuit of the Value-Centric Enterprise"
– DFWHC/FORVIS
Speaker was **Craig Tolbert,** Principal at FORVIS.
https://www.youtube.com/watch?v=thA9vZ19oRo

For info, contact **Chris Wilson** at **chrisw@dfwhc.org**. ∎

Changing Tides:
DOJ announces new Safe Harbor Policy

By **Colleen Powers**,
Chad Sukers,
Erin Drummy
and **Eric Rupenthal**,
Hall Render Attorneys

THE U.S. DEPARTMENT OF JUSTICE (DOJ) recently unveiled a department-wide **Safe Harbor Policy** (**https://www.justice.gov/opa/speech/deputy-attorney-general-lisa-o-monaco-announces-new-safe-harbor-policy-voluntary-self**) for voluntary self-disclosures made in the mergers and acquisition (M&A) process. This Safe Harbor Policy (Policy) is aimed at incentivizing acquiring companies to identify and timely disclose misconduct discovered during the due diligence and post-acquisition integration process. Acquiring companies that disclose within the Safe Harbor period, cooperate with the resulting investigation and engage in the remediation process will receive the presumption of a declination of prosecution by the DOJ.

Among other areas, the Policy will apply to health care transactions, as the Policy may extend to criminal conduct such as violations of the Anti-Kickback Statute, the False Claims Act, fraudulent billing practices and prescription-related fraud—ensuring consistency and breadth during complex transactions.

APPLICATION OF THE VOLUNTARY SELF-DISCLOSURE SAFE HARBOR

To qualify under the Policy, companies must meet the following criteria:

- **Self-Disclosure:** Acquiring companies must voluntarily self-disclose misconduct within six months of the closing date. This time frame applies whether the misconduct was identified pre-closing or post-closing.
- **Cooperation:** Companies must cooperate with any ensuing investigation by the DOJ.
- **Remediation:** Companies must fully remediate

the misconduct within one year from the date of closing, which may include making restitution and disgorgement payments. This remediation is subject to a "reasonableness analysis" because of the specific, fact-based circumstances of each transaction.

- **Scope of Application:** The Policy is limited to misconduct discovered during "bona fide, arms-length M&A transactions" and does not encompass conduct that is already public, known to the DOJ or otherwise requiring disclosure. The Policy also does not affect civil merger enforcement.

Notably, misconduct disclosed under the Policy will not factor into the DOJ's recidivism analysis for the acquiring company, either at the time of disclosure or in the future. Additionally, it's crucial to note that the Policy is not binding on other U.S. enforcement or regulatory authorities, which means that self-disclosed misconduct could still be pursued by other agencies.

PRACTICAL TAKEAWAYS

The Policy offers a practical solution to thorny regulatory risks and introduces a new wrinkle in the negotiation of indemnification provisions, and the use of reps and warranty insurance. It also presents an opportunity for acquiring companies to remove transaction risks during due diligence and timely post-acquisition integration, avoiding prosecution by disclosing misconduct.

Transactions that might have been abandoned or restructured due to the discovery of misconduct can now potentially move forward. To maximize the benefits of this new Policy, companies engaging in M&A transactions should consider the following:

1. **Invest in Robust Due Diligence:** Conduct thorough, risk-based due diligence with experienced health care transaction counsel to uncover any misconduct early in the transaction. Failure to perform effective due diligence and self-disclose misconduct will subject an acquiring entity to full successor liability.

2. **Prompt Self-Disclosure and Remediation:** Timely disclose any misconduct discovered during the due diligence process and fully remediate the

misconduct within the guidelines. The DOJ is placing an enhanced premium on timely compliance.

3. **Timely Application of Compliance Measures:** Ensure that the acquiring company's compliance policies and procedures are applied promptly to newly acquired businesses or merged entities.

4. **Training and Audit:** Enhance post-closing integration processes by providing compliance training to directors, officers and employees of newly acquired businesses, and conduct a risk-based audit of these entities as soon as practicable.

Companies that invest in and prioritize compliance in M&A transactions are more likely to benefit from this Policy. However, the decision to self-disclose or proceed with a transaction should be based on a careful legal and factual analysis in consultation with legal counsel.

If your health care organization is considering M&A activity, please contact:

- **Colleen Powers** at (317) 977-1471 or **cpowers@hallrender.com**;

- **Chad Sukurs** at (317) 977-1452 or **csukurs@hallrender.com**;

- **Erin Drummy** at (317) 977-1414 or **edrummy@hallrender.com**;

- **Eric Rupenthal** at (317) 429-3681 or **erupenthal@hallrender.com**; or

- Your primary Hall Render contact.

Hall Render blog posts and articles are intended for informational purposes only. For ethical reasons, Hall Render attorneys cannot—outside of an attorney-client relationship—answer specific questions that would be legal advice. ∎

The Transformative Potential of **RPA** for Healthcare

By **Heather Maitre,**
VP, RPA Business Practice, Konica Minolta

DO YOU HAVE A HEALTHCARE STORY TO TELL? My guess is 'yes.'

We all seem to be experiencing different levels of frustration getting to see a doctor that is in our health network or that is taking new patients, or repeating answers over and over again to different staff members when we go in for an appointment.

There is a similar frustration on the inside of the health provider's office. When the administrative staff has to repeatedly ask for information or finds that one system does not talk to another or populate known information, they are re-keying and spending a lot more time on these and other administrative tasks.

Given this state of affairs, it probably comes as no surprise that a McKinsey & Company study of 2,000 work activities across 800 occupations found that healthcare was the top industry that could benefit from automation. And it is happening. The healthcare industry's adoption of robotic process automation (RPA) is expected to increase dramatically, from 5 to 50%, from 2020 to 2023.

The high level of manual work and repetitive tasks that bog down the healthcare system and add to the inefficiency of the workers has not gone unnoticed. Industry analysis from AHA Trustees Services notes in their Top 10 Emerging Trends in Healthcare for 2021: The New Normal that "Artificial Intelligence and automation are taking hold in healthcare at an accelerated rate as they have in other fields such as banking, media and retail."

One example that they cite is "Quality and Efficiency in Radiology." Healthcare organizations can increase efficiency, reduce patient risk and expedite time to diagnosis and treatment by eliminating reading errors, identifying data patterns in images and enhancing workflow processes once the diagnosis is made. Imagine the vastly better patient outcomes that would result in more accurate and rapid diagnoses and immediate treatment follow-up. Our Intelligent Information Management (IIM) practice has observed similarly transformative impacts for its healthcare clients when RPA has been applied to medical supply management and inventory optimization, revenue cycle operations and customer service.

ADDRESSING LEGACY SYSTEM CHALLENGES
Many healthcare providers find that the transaction volume increases and greater patient demands are overwhelming their legacy systems. If they have not digitized their patient records and adopted automation strategies, they are stuck with many systems that don't talk to each other. Automation is thus becoming a deployment criticality for the healthcare industry because new challenges, such as increasingly complex health

plans, are an additional strain that makes the situation untenable.

Bots reduce the impact of legacy systems in several ways, such as serving as a "poor man's integration" between systems that don't talk to each other, reducing the number of steps a human has to perform across systems and handling high volume transactions – which preserves humans for high-value tasks and patient interaction.

HEALTHCARE STORIES

According to McKinsey, automating tasks on the Payer side can enable the redeployment of 43% of human effort, while 33% can be redirected on the Provider side. Administrative complexity, such as billing and coding, represents the most significant source of waste in the healthcare industry. Following are examples of how bots have been used to address them.

Claim Processing – Bots can be used to collect data from disparate systems required for claims processing.

- A US national health and wellness enterprise was able to automate claims processing in four days and subsequently scale to 12,000 claims per day.

Data Integrity – Bots can be used to centralize data from disparate systems to one, transfer data from the old legacy system to a new system, or handle daily data transfers to avoid the 'swivel chair syndrome' of human workers rekeying information. The work gets done quickly and error-free as bots don't get fatigued.

- A family medical center deployed a bot that executed an error-free transfer of 30 years of patient data from one hospital system to another in 24 hours.

Patient Onboarding – Sometimes bots take on an assistant role. With a "human in the loop" automation, a bot executes a process and prompts a human worker only when a task requires human input. This enables the automation of processes that have a percentage of exceptions or are too complicated to automate.

- A large, midwestern healthcare provider deployed

attended robots to add new patients, accurately record their data and report it to the CDC, saving eight to nine minutes per patient and completely eliminating data transcription errors.

Provider: Supply Management – Unused inventory does not last forever; it expires. It is wasteful if discarded and unproductive as it sits waiting to be used. Bots can help to better manage supplies.

- A UK hospital reduced supply chain costs by using a bot to pull data to set optimal inventory levels.

Medical Billing – Process errors cause havoc, especially when there are dependent, downstream processes for providers and payers who want bills to be accurate. Fraudulent claims are complex for humans to detect and can be rampant in certain pockets of the healthcare ecosystem.

- A New York hospital used bots to scan through bills about patient encounters to ensure pricing accuracy, and to speed up bill payments and claims follow-up.

Insurance Authorization – With the greater complexity of insurance plans, more time is needed to authorize services for a patient. However, authorization is often urgent for non-routine medical services. Bots enable claims to be submitted more rapidly, and payers to provide authorization in a fraction of the time.

- A midwestern hospital system used RPA to check payer sites for authorization requirements and status, reducing manually processed accounts by 20%.

IN SUMMARY

Healthcare providers and payers have a tremendous opportunity to meet the demand for better, faster, more accurate and cost-effective administration processes to sustain the ever-increasing transaction levels for their services. With adoption approaching 50% by 2023, they are clearly seizing the opportunity. ∎

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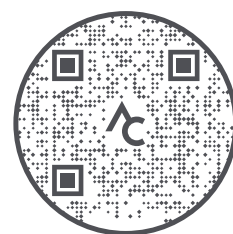
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PERSPECTIVES

Ai in healthcare marketing.
Use it wisely.

With the obvious explosion of AI within our world as we know it, the way marketers think and operate has fundamentally changed. Marketing in the healthcare industry is no exception, and in fact has a tremendous amount of upside – if used wisely. Just some of the ways AI can help healthcare marketers:

Understand patients better

AI can analyze vast amounts of data to identify patient patterns, preferences, and behaviors. This information can be used to create more targeted and effective marketing campaigns, thereby paving the way for a more productive use of resources.

Automate tasks

AI can automate many repetitive tasks, such as sending emails and social media posts. This frees up healthcare marketers to focus on more strategic and creative work, which is what they should be focused on regardless.

Personalize campaigns

AI can be used to personalize marketing campaigns at scale. This means that each patient can receive personalized messages and offers that are relevant to their interests. Remember, people don't do business with strangers.

At the same time, many healthcare organizations are wrestling with the appropriate adoption and implementation of AI within their existing marketing framework. Here are a few quick tips for using AI wisely in your marketing approach:

Start small

Don't try to do too much, too soon with AI. Start by identifying just a few specific areas where AI can help you achieve your marketing goals.

Use data responsibly

AI is only as good as the data it's trained on. Make sure you're using high-quality data that is relevant to your marketing objectives.

Be transparent with your patients

Don't be afraid to let your patients know that you're using AI in your marketing. Be transparent about how you're using their data and give them the option to opt out if they wish.

Overall, AI is a powerful tool that can help healthcare marketers achieve their goals. However, it's important to use it wisely and responsibly for the best possible outcome.

About the author
Mark Wyatt Founder & CEO, Agency Creative
mwyatt@agencycreative.com

John Hoover named CEO of Medical City Fort Worth

JOHN HOOVER HAS BEEN NAMED CEO of **Medical City Fort Worth**, starting September 11.

Hoover has served as COO of Medical City Fort Worth since 2021 and as interim CEO since May of 2023, where his leadership contributed to the successful launch of new service line offerings, including the expansion of solid organ transplants. He also played

John Hoover

an integral role in leading facility expansion and capital project proposals of more than $30 million.

During his tenure, the hospital has been recognized as one of America's 250 Best Hospitals and 100 Best Hospitals for Stroke Care by Healthgrades, and was awarded an "A" grade in the Hospital Safety Grade from The Leapfrog Group.

Hoover began his career with HCA Healthcare in 2014. He earned a Master of Business Administration from Regis University and a Bachelor of Arts in Communication from the University of Colorado. ■

Christina Mathis named new Medical City Frisco CEO

CHRISTINA MATHIS HAS BEEN NAMED CEO of **Medical City Frisco**, starting November 13.

Since 2021, Mathis has served as the chief operating officer for Medical City Plano, where she had direct oversight of many primary services, including surgery, trauma, burn, imaging and more. She was also responsible for campus improvement projects and facility operations, contributing significantly to strategy,

Christina Mathis

governance and culture.

Mathis previously served as COO, ethics and compliance officer and chief staffing officer at HCA Healthcare's St. David's Georgetown Hospital in Georgetown, Texas. She began her HCA Healthcare career as an associate administrator at Medical City Plano in 2017 before being promoted to vice president of operations and assistant chief operating officer.

Mathis earned a Master of Science in Health Care Administration from Trinity University in San Antonio and a Bachelor of Science in Human Development and Family Sciences from The University of Texas at Austin. ■

STEVE LOVE COLUMN

spent $325 billion on over 130 mergers and acquisitions. These middlemen contribute immensely to overall healthcare costs. Now, private equity has entered the scene and cherry-picked high-margin health services.

Through the Centers for Medicare and Medicaid Services (CMS), the current administration has proposed pharmacy negotiation to lower prices for Medicare beneficiaries, which will help reduce healthcare costs. Ironically, employers want lower healthcare costs, yet the U.S. Chamber of Commerce has filed lawsuits to block this initiative. Employers, business coalitions, and think tanks should contact the U.S. Chamber and ask why they would take this action.

Many think tanks push same-site neutral pricing, but one should consider other factors that many may need to consider in reaching that conclusion. Hospitals must have 24/7 standby capacity for emergency department services, backups for complications occurring in different settings, stringent ventilation requirements, infection control codes, fire and life safety codes, infection control

programs, Joint Commission Accreditation, and other regulations. All of which play roles in delivering safe and effective care.

Many independent offsite settings and offices have none of these requirements and are not required to comply with such standards. These regulations are needed for a safe environment; these expenses are part of the facility fees that hospital providers charge.

This piece is not meant to be defensive, point fingers, or lash out at hospital critics regarding healthcare costs. It is written to give additional information and facts regarding healthcare costs. We are all in this together and can work for ways to address rising healthcare costs. Hospitals stand ready to work collaboratively and in good faith with stakeholders to reduce healthcare costs. Printing white papers and articles and distributing them to legislators with no collaboration or input from providers for workable solutions is counterproductive to everyone.

We do not need to legislate healthcare, but all stakeholders collaborate for meaningful solutions. With that approach, we can focus on reducing costs and providing safe and effective patient care. ■

Associate Members

CANCER SCREENINGS
Trending Upward

AFTER MORE THAN 9 MILLION missed cancer screenings during the pandemic, research by the Epic Research journal now shows that screenings across the U.S. and DFW are trending towards pre-pandemic levels. Additionally, Cancer Support Community North Texas (CSCNT), the leading social and emotional cancer support nonprofit in DFW, has seen a simultaneous increase in new patient orientations and a desire for in-person programming.

As one of the largest Cancer Support Community affiliates in the country (there are 176 across the U.S.), CEO **Mirchelle Louis** says "For people with cancer, the pandemic was doubly hard – the isolation, the fear of the disease on top of cancer, the lack of in-person emotional and social support. Now, we're not only seeing past participants return in person, but so many new faces craving the help we provide – the non-medical part of the cancer journey and support for the emotional rollercoaster that is cancer."

After several nationwide efforts to increase routine screenings post-pandemic, including the Return-to-Screening Collaborative campaign involving more than 1,400 nationally certified cancer hospitals and The White House's #GetScreened initiative, the Epic Research study reports that rates of cancer screening for breast cancer, cervical cancer, and colon cancer are believed to have returned to normal. The Epic study included 786 nationally accredited cancer programs and hospitals from across the U.S. – one of which was Texas Health Presbyterian Hospital Dallas.

According to **Joyce Lee**, MSN, RN, NEA-BC, OCN and Nurse Manager in the Texas Health Dallas Oncology Program, the Return-to-Screening initiative, in particular, which took place from June 1, 2021 through Nov. 30, 2021, proved effective in driving screenings in DFW. Their screening results were as follows:

- **LUNG CANCER:**
  - o 17% increase in lung screenings during the study period
  - o 83% increase in lung screenings in 2021 vs. 2020 (exceeded pre-pandemic rates)

- **BREAST CANCER:**
  - o 8% increase in breast screenings during the study period
  - o 11% increase in breast screenings in 2021 vs. 2020 (not yet at pre-pandemic rates)

Also in DFW, Cancer Support Community North Texas saw a notable increase in mental health support interest and participation since 2022. New participant (cancer patients/caregivers) orientations increased by more than 50% from Q1 2022 to Q1 2023, as did adult/family

Mirchelle Louis, CEO

counseling sessions during that same time.

Louis adds that her organization has made – and will continue to make – significant changes that reflect participant feedback post-pandemic, including a completely new, user-friendly website (**www.cancersupporttexas.org**) and possible new programming – from an all-men's support group to advanced exercise classes to more social events that allow for participants to connect with their "CSCNT family."

"We have an ever-growing, base of people who rely on us across three of our clubhouses in DFW," adds Louis. "Our goal is to ensure that base continues to grow – that anyone in need of support walks through our red doors."

CSCNT Collin County participant **Sheila Broadus**, a 56-year-old tennis pro diagnosed with breast cancer in 2018, is one such dedicated participant.

"My cancer screening saved my life – they found a lump in my breast and removed it through a lumpectomy. A year into treatment, I found Cancer Support Community and it changed everything. Once you have cancer, you will forever have a new normal – it's scary, your life has changed so much. They supported me and helped me adjust in ways my family and friends couldn't. Every cancer patient needs them." ■

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Jennifer Miff
President, DFWHC Foundation
Senior Vice President, DFWHC

Thank you for a great 2023

THE DFW HOSPITAL COUNCIL FOUNDATION would like to thank its members and partners for a fantastic year and to share a few key updates.

First, I would like to highlight this month's cover story about our upcoming Information & Quality Services Center's (IQSC) 7th Annual Data Summit, January 24-25, 2024. The topic of how to integrate and leverage Artificial Intelligence (AI) across the healthcare landscape continues to be one of the most frequently asked questions by our members and partners. Like all data-driven endeavors, it requires a clear definition of the question to be answered, a solid sampling to avoid bias, and highly reliable, trusted sources. The tried-and-true mantra of "garbage-in, garbage-out" is even more critical in a world where current open-source AI models are frequently built to optimize social media to drive ad revenue. We hope you will join us for a compelling discussion on this topic, led by Duke's Institute for Health Innovation's clinical data scientists.

I would also like to thank everyone who attended our **16th Annual Patient Safety Summit** during the month of September. From an engaging keynote discussion on reducing the negative impacts of drama in the workplace, to detailed overviews by the Joint Commission on social determinants and equity, as well as a session on workplace violence, this year's event had a total attendance of more than 700, speaking to the value this conference provides to our community.

Finally, I'd like to highlight a fantastic collaborative session in September between the system-level Chief Nursing Officers and the Deans/Directors of our nursing schools from across North Texas. With close to 40 attendees, the ability to convene these leaders was clearly seen as a key factor to help build and grow the North Texas healthcare workforce pipeline. We appreciate the insights these leaders shared about common workforce opportunities and challenges that we face in North Texas – particularly for nurse educators, preceptors and clinical placements.

For the many other collaboratives, committees and work groups, let me express our gratitude. The countless hospital employees who engage and share with each other on a regular basis never cease to amaze us. Thank you for all you do for North Texas and each other. ∎

How to contact us
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Foundation Mission
Inspire continuous improvement in community health and healthcare delivery through collaboration, coordination, education, research and communication.

Foundation Vision
As the trusted "go to" resource, inspire collective improvement of health and healthcare outcomes.

Foundation's **Patient Safety Summit** attracts more than 700 attendees!

THE LAST OF FOUR SESSIONS of the DFW Hospital Council (DFWHC) Foundation's 16th Annual Patient Safety Summit took place September 28 with the overall event attracting 709 attendees.

Themed "Reset and Recharge: Back to Basics in Healthcare," the fourth session was highlighted by **Brett Stanley** and **Katherine Tang** from Methodist Health System CARES discussing "Putting the Care in Care," and **Cheryl Mart** and **Mary Teague** from Texas Health Resources Faith Based Nursing detailing "A Time for Renewal."

This year's Patient Safety Summit included eight different topics with 12 speakers participating. The topics included:

• The Reality of Peace, Happiness and Great Results at Work;
• Health Equity – The Joint Commission Resources;
• Sexual Assault/Abuse Standard;
• JPS's Process to Support Employees;
• How to Protect Your License Before the Board;
• Drug Diversion: A Comprehensive Process for Prevention and Identification.

There were 7.5 hours of continuing education credits provided. For details on the presentations, please go to **https://dfwhcfoundation.org/about/events/patient-safety-summit/**.

This year's top sponsors were **Texas Health** and **Methodist Health System**.

For questions, please contact **Patti Taylor** at **ptaylor@dfwhcfoundation.org**. ∎

The 7th Annual IQSC Data Summit set for Jan. 24-25

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION'S Information & Quality Services Center (IQSC) is excited to announce its **7th Annual IQSC Data Summit** set for **January 24-25** from 9:00 a.m. to 12 noon, CT, each day.

Themed "The Future of AI-Based Healthcare Analytics," this dynamic virtual event will be loaded with IT experts detailing the future of AI and data technology in healthcare. Speakers will include **Suresh Balu**, director of the Duke's Institute for Health Innovation (DIHI); **Dr. Jee Young Kim**, a qualitative research scientist at DIHI; and **Dr. Steve Miff**, president/CEO of the Parkland Center for Clinical Innovation.

As Program Director for DIHI, Balu works closely with Duke Health leadership to develop innovative approaches across healthcare delivery, education and research. His responsibilities include, strategic evaluation, developing healthcare and research initiatives, and financial analyses and recommendations for Duke Health leadership and corporate development for global and U.S.-based collaborations.

A Social Science Research Scientist at DIHI, Dr. Jee Young conducts qualitative research with various stakeholders involved in the adoption of AI in healthcare. In this role, she connects with frontline clinicians and helps develop best practice in the safe and responsible AI adoption. Together with the DIHI team, she hopes to make a valuable impact in healthcare. Before joining DIHI, Jee Young completed her PhD in psychology at Duke University where she studied how people are motivated to pursue their goals.

Spurred by his passion to use next-generation analytics and technology to help serve the most vulnerable and underserved residents, Dr. Miff and his team focus on leveraging technology, data science, and clinical expertise to obtain unique social-determinants-of-health data and incorporate those insights into point-of-care interventions

Suresh Balu, MS, MBA

A call for abstract poster presentations detailing data achievements at regional hospitals was made.

For the first time, the DFWHC Foundation will be hosting an in-person kickoff ceremony the evening prior to the conference on **January 23** at its headquarters. The event will take place from 3:30 p.m. to 6:30 p.m. and will include poster presentations.

For event information, please go to **https://dfwhcfoundation.org/about/events/iqscdatasummit/**.

For sponsorships, please go to **https://www.surveymonkey.com/r/8QS52HW**.

For registration, please go to **https://www.eventbrite.com/e/7th-annual-iqsc-data-summit-january-24-25-2024-registration-730389042287**.

For information, please contact **Theresa Mendoza**, the DFWHC Foundation's data guru, at **tmendoza@dfwhcfoundation.org**. ∎

Mental Health RECOVERY WORKSHOPS in 2023-2024

ARE YOU CONCERNED FOR LOVED ONES or your community and have a passion to help others? If so, learn how to become part of the solution! The DFW Hospital Council (DFWHC) Foundation's Community Health Collaborative (CHC) has hosted two **"Recovery Workshop: ROCC Stars Unite"** in 2023 with plans to hold additional classes. These events are complimentary.

Working with **UT Southwestern Medical Center**, the **Association of Persons Affected by Addiction** and the **National Alliance on Mental Illness**, the program creates awareness about mental health and addiction recovery.

Classes for 2023 were held March 26, May 21, July 23 and September 24, with plans to hold a new class **January 28, 2024**.

In this workshop, peer support specialists will teach you concepts through an engaging presentation and discussion. This workshop is intended for the entire community. Those with and without personal mental health experience, healthcare professionals, community leaders and more are welcome.

For information, please email **mhfantx@ dfwhcfoundation.org**.

Program is supported by the Community Mental Health Grant Program from Texas Health and Human Services Commission (HHSC). The Community Mental Health Grant Program was established by House Bill 13, 85th Legislature, Regular Session, 2017 and authored by Representative Four Price. The 86th Legislature appropriated $45 million in 2019 to continue Community Mental Health Grant Program in 2020 and 2021. ∎

Sepsis Strike Force hosts Conference

IT WAS FUN IN THE SUN when the DFW Hospital Council (DFWHC) Foundation's **Sepsis Strike Force** hosted its Second Annual Conference on September 13 at Methodist Charlton Medical Center in Dallas. More than 95 attendees participated.

Themed "Sun, Sand and Surf: How to Ride the Wave and Survive Sepsis," the event provided 6.0 of CNE credits.

"It was a rewarding event. We heard a moving personal experience from **Tatie Obenita**, a nurse at Methodist Charlton, about her sister-in-law's fatal battle with Sepsis," said **Patti Taylor**, director of patient safety at the DFWHC Foundation and event coordinator. "A resident of the Philippines, she discussed the differences between medicine in the U.S. and the Philippines, including the difficulties of obtaining and paying for medicine. Sadly, after her sister died, the hospital would not release her body until the healthcare bill was paid. It made us all appreciate our healthcare systems here in North Texas."

Dr. Michael Finch, CMO of Methodist Charlton

Additional highlights included a keynote presentation by **Dr. Michael Finch**, CMO of Methodist Charlton; a discussion on antimicrobial stewardship by **Dr. Nikhil Bhanyni**, a board-certified infectious disease specialist; and a talk about health equity and Sepsis provided by **Dr. Lauralyn Brown**. ∎

BioNTX and Foundation partners to boost biotech workforce

THE DFW HOSPITAL COUNCIL (DFWHC) FOUNDATION is partnering with **BioNTX** facilitating the **Biotechnology and Healthcare Industry Alliance of North Texas (BHIANT)**.

BHIANT is a partnership that brings together biotech and healthcare employers to guide the development of programs to place workers into quality jobs and support the North Texas economy with a skilled, diverse workforce to spur economic growth in healthcare.

The project is in conjunction with a recent $8.8 million grant awarded to **Dallas College** from **U.S. Economic Development Administration** to grow the region's future biotech workforce.

The U.S. Department of Commerce's Economic Development Administration granted awards to 32 industry-led workforce training partnerships across the country as part of the $500 million Good Jobs Challenge. As a result, **Bioworks for North Texas** was created and subsequently identified 16 counties in North Texas

representing marginalized, or at-risk populations.

Dallas College and partner institutions including BioNTX and the DFWHC Foundation have assembled the industry-led partnership BHIANT. This partnership alliance will guide the development of programs that serve the region.

To learn more, contact **Sally Williams** at **workforce@ dfwhcfoundation.org** or visit **www.bhiant.com**. ∎

Future trends in our industry

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THE LAST QUARTER OF THE YEAR provides an opportunity to assess the developments in the background reporting and talent acquisition process. Here's a few worth monitoring as we close out 2024.

The **Fair Credit Reporting Act** will be impacted by federal legislation, with several regulations up for consideration. Increased attention will be placed on consumer reporting agencies (CRA) to prevent the reporting of false data. New rules involving "name matching" will require the use of multiple names, in addition to date of birth (DOB), and the use of disclaimers with the content. CRAs will also be expected to translate reports into languages used by non-English speaking consumers.

Increased scrutiny of public records is expected as courts are electing to redact DOB information. This will hinder the research of criminal offenses, increasing the time to review before being released as a background report. **Clean Slate Laws** enacted in Colorado, Delaware and Oklahoma will also require adjustments.

The proliferation of **Artificial Intelligence (AI)** means employers will find themselves on the frontlines of important compliance questions from the Equal Employment Opportunity Commission (EEOC). This is a hot issue, requiring strategies on the proper use of AI tools in candidate selection. Both the EEOC and the Federal Trade Commission have stated employers will be responsible for decisions made by their AI tools.

Other projected trends will be the increased scrutiny of cybersecurity and its impact on informational sources. Court houses, schools, colleges, and employers have increased their cybersecurity defenses to ensure content is protected and free of threats.

The nation's unemployment rate of 4% continues to impact today's marketplace. Increased job opportunities create the need to explore new sources including **Fair Chance Hiring**. This program works with ex-offenders who are attempting to reenter the workforce. This will require employers to have a formal methodology when examining reports to determine the severity of the criminal offenses. In turn, this will place increased responsibility when ensuring reports are accurate and reflect any changes that may result from expunctions and "clean slate" activity.

In summary, background screening will face significant challenges and will continue to require adjustments to meet the growing need for qualified personnel within our workforce. ■

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WEBINAR

Group**One**
BACKGROUND SCREENING

10 MISTAKES
to Avoid in Background Screening

GroupOne webinar "10 Mistakes to Avoid" has been posted online

WHAT TO DO? WHAT NOT TO DO? No worries, GroupOne Background Screening's webinar **"10 Mistakes to Avoid in Background Screening"** originally broadcast on October 5 has now been posted online.

This educational event was hosted by **David Graves**, HR guru and sales rep, and **Chris Wilson**, communications director.

When screening candidates, a background check is your greatest asset providing an accurate report to make informed decisions. But make no mistake, there are stumbling blocks as precarious as a land mine.

You can view the webinar at **https://www.youtube.com/watch?v=nmVSZZGvDzk**. ∎

President Biden signs new order on **AI usage**

IF YOU HAVEN'T HEARD, on October 30 President Joe Biden signed an Executive Order providing guidance for employers on the use of **Artificial Intelligence (AI)** in the workplace. The Order establishes industry standards for AI security and safety. Rolling out at more than 100 pages, the highly detailed Order is attempting to set parameters for AI usage while mitigating risks associated with the emerging technology.

For businesses utilizing AI software for employment decisions, the Order provides a plan. AI's rapid developments have required policymakers to keep up with the ever-changing landscape. The Order signals a commitment to promoting AI innovation while also inspiring the U.S. to take the lead when utilizing its potential.

AI EMPLOYMENT ISSUES

President Biden's Order serves as a commitment to supporting America's workforce. As AI creates new jobs and industries, the Order insists all workers should be included in benefiting from the technology. The Order also maintains that responsible AI usage should improve workers' lives rather than infringing upon their rights.

The order signals that companies will not be excused from legal obligations when using AI, with the government's continued enforcement against fraud, bias, discrimination and privacy.

It's important to note that within 180 days of issuing the Order, the Secretary of Labor will consult with national agencies and other entities to develop and publish AI best practices for employers. These best practices will address labor standards and job quality, and especially an employer's use of AI when collecting and using employee data.

IMPLICATIONS

President Biden's detailed Order should alert employers that AI is most definitely a part of the future with additional changes on the horizon. As AI becomes engrained within our business, employers should be aware of the Order's guidance and stay up to date on new legislation.

If your business has avoided paying attention to AI developments, now is probably a good time to start. ∎

Background check company's faulty report leads to trial

WE RAN ACROSS AN INTERESTING CASE in San Diego in October. Specifically, a background screening company will face trial over claims it produced an inaccurate and outdated report that led to a woman being fired.

In 2014, a woman applied for a job at Alere, a healthcare diagnostics company near San Diego. To complete her hiring process, she was referred to a staffing agency, which in turn asked Kentech Consulting to produce a background check.

Kentech reported in 2009 the woman was convicted of felony grand theft auto and sentenced to three years' probation. Before the screening, the woman had already started working for the healthcare company. Unfortunately, once her employer saw the report she was fired.

While the woman had indeed been convicted of the felony charge, the conviction had been expunged and the case dismissed.

The woman promptly sued Kentech, Alere and the background check company for violations of the Fair Credit Reporting Act and for reporting inaccurate and outdated information. The case worked its way to the U.S. District Court for the Southern District of California, with Alere and the background check company eventually dropped from the lawsuit.

The woman claims Kentech obtained her criminal history info from the background screening company and then attempted verification by going to the San Diego Superior Court's website to copy the report. She claims they did not examine formal records kept by the court listing appropriate proceedings and case filings.

In its motion for summary judgment, Kentech argued its background report was accurate and it followed reasonable procedures to make sure the information was up to date. Chief U.S. District Judge Dana Sabraw disagreed.

Sabraw said that while the defendant obtained information from a vendor database, which identified the woman's conviction, and it "verified the conviction by accessing the San Diego Superior Court's website," the defendant had not submitted any evidence that it obtained the information from the court docket in preparing the report.

Sabraw said the questions of whether Kentech's original report was accurate and whether the company actually had strict procedures to ensure the reports were accurate and up to date, should be presented to a jury. A trial is set for November.

Insuring accuracy is crucial at GroupOne Background Screening, and the outcome of this case will be interesting to follow. We believe it's important to be aware of the sources of information because there are no shortcuts or alternatives. The most recent and formal sources should always be utilized. ∎

Pros and Cons of Workplace Drug Testing

TO TEST OR NOT TO TEST? It's an important question. It's also important to provide a safe work environment and ensure your employees are productive. And here's another question. Is maintaining a drug-testing program worth the hassle? The answer usually depends on the workplace.

State laws are always key, and they vary widely. But you also need to consider the needs of your own business. Federal contractors have to follow specific drug-free workplace laws. Other employers have been struggling to fill their workforce since the pandemic and believe the testing of marijuana restricts their ability to attract and maintain talent.

PROS AND CONS

Companies wanting to avoid risk should have a drug-testing program in place. Drug tests are effective in preventing accidents, absenteeism and litigation. Screening programs also protect employees from injury by serving as a deterrent. Now for the cons – drug testing can be expensive and slow down the hiring process. So, you should consider what will most benefit your workplace.

WHEN TO TEST?

Employers usually choose these times to drug test:

- Pre-employment;
- Random;
- Post-accident;
- Suspicious behavior.

The most common type of drug testing in the U.S. is pre-employment. This screen is allowed in most states, but some require employers to provide notice to applicants.

Courts have ruled pre-employment drug screens do not constitute medical examinations under the Americans with Disabilities Act. The Equal Employment Opportunity Commission has said such screens should be administered after a conditional offer is made because the employer may need to ask follow-up medical questions based on the results.

Businesses with employees working safety-sensitive jobs may want to conduct regularly scheduled post-employment screens. Some employers like to perform random screens for workers who operate heavy equipment or drive company trucks.

Employers should note laws on random drug testing vary from state to state and are prohibited in some locations. In California, random drug tests are only allowed during rare circumstances.

Employers should consider drug screens after workplace accidents to determine if intoxication may have been involved. The standard for post-accident testing is usually within 12 hours of the incident, with employees not allowed to return to work until after the test results are received.

What if an employee appears to be under the influence of drugs or alcohol? Employers should consider developing a program to test employees for reasonable suspicion when they exhibit behaviors indicating intoxication. The employee's suspicious behaviors should be thoroughly documented.

CONCLUSION

A drug test is no different than a background check. Drug-free-workplace programs are about risk mitigation and the safety of your employees and customers. Please take note: always consult legal advice before considering any type of drug testing at your company. ■

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